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Support and
healing for
victim-survivors

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Support and healing for victim-survivors

Our duty to support healing

“*Surviving abuse has fundamentally changed every aspect of my life, and I am not alone in this feeling* - Survivor-advocate

”

Society has a fundamental obligation to provide healing and support to victim-survivors of child sexual abuse. Victim-survivors bear the lifelong consequences of this abuse psychologically, emotionally, socially, spiritually and physically. These harms are compounded when responses from communities, institutions or the justice system are delayed, dismissive or inadequate. The moral imperative to act is clear: children and adults who have experienced sexual abuse are owed recognition, validation, and practical support to recover.

Effective support encompasses more than immediate crisis intervention. It requires sustained access to specialist, trauma-informed counselling and therapeutic services, and social and educational support tailored to the needs of each victim-survivor. It also involves facilitating safe avenues for victim-survivors to participate in decisions about investigations, prosecutions, and institutional responses to a report of abuse, ensuring their voices are central to processes that affect them.

Beyond individual care, the obligation is collective: governments, institutions, and communities must foster environments that acknowledge the harm done, reduce stigma, and create pathways for healing. This includes addressing systemic failures that enabled offending to go undetected, implementing preventive reforms, and maintaining accountability so that victim-survivors can have confidence that perpetrators are held to account and the conditions enabling abuse are not repeated.

Meeting this obligation is not only a matter of justice—it is a societal responsibility to ensure that victim-survivors of child sexual abuse are supported in achieving safety, dignity, and recovery.

“*Child sexual abuse is not rare, and it is not isolated...This abuse occurs across a range of settings; in institutions, families, peer relationships, and increasingly, online. It also rarely occurs alone. Children who experience one form of maltreatment are far more likely to experience others, including physical abuse, emotional abuse, and exposure to domestic and family violence. For many, child sexual abuse is the first in a series of violations that can shape the trajectory of their lives. That trajectory can be changed, but only if we act.*¹

”

The impact of child sexual abuse

*Early childhood represents a crucial period of development.... Experiencing traumatic events during early childhood can therefore be especially harmful. Studies have found that experiencing CSA [child sexual abuse] in early childhood is uniquely associated with heightened risk for abnormalities in the brain, including in regions that govern attention, visuospatial recognition, memory, self-reflection, emotional regulation and threat detection. Studies have also indicated that the institutional context appears to exacerbate some of the adverse impacts associated with CSA, including across psychological, social, physical, educational and economic domains. Institutional CSA creates complex trauma manifestations that require sustained intervention and support.*²

The impacts of child sexual abuse vary according to the type, duration, and frequency of abuse, as well as victims-survivors' individual characteristics and the perpetrator's relationship to them.³ There is no one predictable or 'correct' response to abuse. Research shows that a range of adverse outcomes can be experienced by victim-survivors throughout childhood and into their adult years, including:

- mental health issues, such as Post Traumatic Stress Disorder (PTSD), anxiety, depression, eating disorders, personality disorders, self-harm and suicidal ideation and behaviour
- disrupted attachment patterns, emotional regulation and social-emotional development
- physical health concerns, including chronic pain syndromes, heart disease, bowel disorders, reproductive system disorders, and other chronic conditions
- interpersonal difficulties, such as developing and maintaining friendships and intimate relationships
- risky or inappropriate sexual behaviours
- problematic substance use and/or gambling
- disruption to education and employment, and economic security.⁴

Further, boys and men who are victim-survivors of child sexual abuse are more likely to internalise outcomes, perhaps as a result of societal norms and a fear of being stigmatised.⁵ Abuse in institutional settings can also lead to a distrust of institutions and authority, and, for those who experience abuse in religious settings, impacts on spirituality.⁶

“*The trauma of child sexual abuse is not limited to the act itself. For the most part, families and victims are ill prepared for the act itself, let alone all of the trauma and navigating through the system in the aftermath* - Lived experience advisor”

The high-profile nature of some abuse cases, and subsequent media and political attention, may also serve to exacerbate harm. While inquiries and reviews are an important part of ensuring system transparency and accountability, the Board has been cognisant throughout this review of the impact on victim-survivors and their families. The Board has chosen to deidentify the centres where the offender is known to have been employed to ensure that the focus remains on system-wide issues, and opportunities for prevention, instead of the action or inaction of any single entity or individual.

Parents who were directly impacted by the offending in this case emphasised the need for answers with the Board, as they still do not know what happened to their children. While information contained in this report is confronting and distressing, it lays bare the missed opportunities for detection and attempts to provide these answers. As highlighted in the *Report of the Board of Inquiry into past handling of complaints of sexual abuse in the Anglican Church Diocese of Brisbane*:

...the damage caused by sexual abuse never just goes away. It may be pushed down and hidden for a time but it festers away and eventually resurfaces often with the damage multiplied and the agony intensified. We've seen this in the lives of victims of abuse where the damage goes on wreaking havoc for decades, destroying the life of the individual concerned and distorting close relationships...We cannot simply say, "Leave it behind. It's all in the past. It happened a long time ago. Move on". The only way we can move on is if we face the hurtful reality of what has happened, extend care and support to those harmed and take steps to ensure as far as possible that it never happens again.⁷

It is important to note that not all victim-survivors report experiencing ongoing negative impacts, with one study finding that up to 25 per cent of victim-survivors reported experiencing no psychological problems in childhood and up to 40 per cent of victim-survivors reported experiencing no psychological problems in adulthood.⁸

While children are vulnerable to adversities and associated negative impacts, they are capable of fostering positive development when provided with appropriate support. Secure attachments and supportive caregiving environments can promote recovery and resilience. This understanding of both the potential for harm and the opportunities for positive intervention underscores the critical importance of effective strategies to safeguard against child sexual abuse. By implementing robust safeguards and providing timely, appropriate support, we can work towards minimising the occurrence of child sexual abuse.⁹

For victim-survivors, outcomes are also highly dependent upon their access to support and interventions. High levels of support from parents or caregivers, family members, friends and the community may help protect against the adverse impacts of child sexual abuse.¹⁰

In submissions received by the Board, Bravehearts emphasised that supportive, protective, and emotionally available caregivers and families can mitigate some of the negative impacts of child sexual abuse. This highlights the critical need for services to also provide targeted support to families, not just victim-survivors.

...services must also provide targeted support to families, including psychoeducation, counselling, and case management, to address parental trauma, family dynamics, and systemic barriers to recovery. Strengthening family functioning enhances a child's sense of security and improves the efficacy of therapeutic interventions.

Research also demonstrates that positive coping strategies, such as disclosing, discussing, reframing and reinterpreting the experience of abuse, as well as asserting control and focusing on the future may assist.¹¹ Critically, victim-survivors need to feel comfortable and safe to share their experiences, and it is essential that their disclosures are believed and responded to. The dynamics of child sexual abuse mean that there is an inherent power imbalance between a perpetrator and a victim-survivor, and a fundamental loss of control. This can be further compounded when systems fail to listen, fail to believe and fail to respond.

Research conducted for the Board by the University of the Sunshine Coast emphasised the importance of ensuring that investigative responses are trauma-informed, meaning they are responsive to individual victim-survivor needs, and that support services for victim-survivors have a holistic approach which addresses structural barriers and incorporates peer and family support.¹²

Effective responses to child sexual abuse disclosures must be grounded in trauma-informed, victim-survivor centred practices. Services that are empathetic, confidential, and empowering can reduce the risk of re-traumatisation and encourage safer engagement with investigative processes. The quality and responsiveness of initial support services have a lasting impact, influencing both individual recovery and broader systemic effectiveness in identifying and responding to abuse.¹³

This report further emphasises:

- the **importance of systemic and holistic approaches which are multi-layered and coordinated** across systems of both formal and informal supports, including families, friends, health, police, child protection, schools, and trusted adults. Structural barriers such as service access and fragmentation, as well as stigma, must be addressed through systemic reforms to improve service accessibility and responsiveness.
- the **critical role of parents and caregivers in providing support to a child** who has experienced sexual abuse. It can help to reduce the symptoms of PTSD, improve mental health and emotional adjustment, enhance access to services and promote a sense of safety. Supporting caregivers themselves is essential to strengthening family dynamics and minimising secondary trauma.
- that **trauma-informed, child-centred approaches, as well as relational and psychological safety** are central to healing for victim-survivors who value emotional trust and consistency over purely information or practical support. Safe reliable relationships, with parents, caregivers, support providers or other trusted adults are critical. The involvement of parents and caregivers can also significantly increase participation and completion of therapeutic interventions.¹⁴

Peer support, and the role of lived experience

For older children, research increasingly emphasises the value of peer support, which is often perceived as more impactful than parental support. Peer relationships can provide emotional validation, connection, and a sense of being understood, helping children recover from trauma.¹⁵

*One participant described the support as a form of "emotional mentoring," emphasising the importance of building trusting relationships. Young people valued the relatability of the mentor having a lived experience of sexual abuse contributed to feeling understood and forged a deep connection of knowing.*¹⁶

Peer mentoring models, where adults with lived experience support children, show promising outcomes including improved wellbeing and reduced harmful behaviours as well as emotional and practical benefits through shared activities and informal support.¹⁷ Semi-formal mentoring, situated between friendship and professional support, also fosters trust, relatability, and practical assistance, such as attending appointments or navigating services.¹⁸

In recent years there has been a significant focus on seeking, incorporating and amplifying the views and perspectives of people with a lived experience in service, program and system design, planning and reform. The recent *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings* highlighted the importance of increasing participation of children and young people, victim-survivors and service providers in policy design and delivery in its final report as this 'not only shows children and young people that they are important, but also leads to better policies and decisions.'¹⁹

Children and young people must be at the centre of the response. Young people are offering practical solutions. Their insights are critical for designing services, policies and community responses that reflect real needs...This means embedding trauma-informed training across sectors, designing inclusive services with children's participation, and ensuring every system response is shaped by what safety looks and feels like to young people themselves.²⁰

Victim-survivor experiences

Throughout the conduct of this Review, the Board has engaged with people impacted by the offending and supported them to make submissions. This has sought to ensure the voices of victim-survivors and their families were central to our understanding of the case and the issues under the Review's terms of reference.

Although the young age and developmental stage of the victim-survivors in this case review may have impacted their capacity to recognise or report the abuse, some victim-survivors did recognise the offender's behaviour as wrong or uncomfortable. The available evidence shows that victim-survivors asked the offender to stop what he was doing, physically attempted to protect themselves, and questioned what he was doing on multiple occasions.

One parent of a victim-survivor described having sought support for their child by making a report to the Queensland Police Service (QPS), however they felt officers were 'really dismissive' and they were not offered support after leaving the police station. This parent reported having also approached a doctor, however, they were unable to obtain therapeutic support for their child or family. They were also unable to access support from sexual abuse counselling and support services. One specialist service was unable to assist due to a lack of criminal proceedings at the time (a condition of their service funding agreement) and the other because of service capacity issues. After several years support was found through a not-for-profit organisation, Bravehearts.

This parent described the ongoing impact of the offender's behaviour on their child. They spoke about the initial change in behaviour including the child looking 'miserable' and throwing 'tantrums', to long term impacts to this day. The parent described having made attempts to 'try and rebuild' their child's confidence, but that the experiences have been 'incredibly traumatising'. This parent reported studying psychology and engaging in studies on child trauma to ensure that they were able to support their own child.

Following the arrest of the offender, the Australian Federal Police (AFP) partnered with Bravehearts, Act4Kids and Queensland Health to provide support for children and families impacted by the offender's abuse and to ensure that they were able to refer families for specialist sexual abuse counselling and support. The Child Protection and Forensic Medical Service, situated in Children's Health Queensland Hospital and Health Service, established a dedicated service pathway to support victim-survivors and their families. It was noted by Queensland Health that 'the first referrals, received from families who would not typically have accessed the service due to the historical nature of the abuse, highlighted a critical gap in service access.' This recognition led to the collaborative partnership with the AFP, and resulted in the formalisation of a referral pathway. The AFP also utilised the QPS support referral network to provide unique or tailored support to impacted parties depending on their individual circumstances.

In total, Queensland Health advised that they had supported 20 children and young people, along with their families, following referrals from the AFP. This included providing psychosocial support at key stages, such as during the offender's sentencing, and in preparation for the appeal process.

It is a profound thing to note when a system has to create a new service or pathway for a critical incident. It should force us to question the adequacy of the former response.

The Board heard from one parent who engaged with the Queensland Health service and reported that it provided little value to them and their family at the time. This parent described having limited access to adequate support from the start but then having no support at all upon the family's relocation interstate. This family moved due to the trauma associated with the abuse.

Another parent advised the Board that:

We were in total shock — for weeks. And all of this happened in the final week of school. On Thursday, they graduated. On Friday, they received academic awards at a ceremony. That night was their formal. And on Saturday, they left for schoolies. It was surreal — a whirlwind of celebration overshadowed by trauma. I was just trying to keep going while internally falling apart.

*The AFP provided us with several options for support, and we contacted the Children's Hospital. My daughters and my mum attended one session, but the experience wasn't helpful. The counsellor told the girls their feelings were 'normal.' That response felt completely invalidating. When someone has just been told they were sexually abused as a child, the last thing they need is to be told that their feelings are expected or ordinary. **Their situation was deeply personal and unique, and it should never have been treated like just another case.***

I didn't go to counselling. I was focused on holding everything together. But since that day, I've lived under a constant emotional weight. It has impacted every part of my life, and my daughters' lives, in ways that are hard to articulate.

My mother was also living with us at the time and helped raise the girls. She picked them up and dropped them off at daycare and knew [the offender]. This has affected her just as deeply as it has affected their father and me.

Due to the young age of the children when the abuse occurred, and that some of the offending occurred when children were asleep, families also disclosed struggling with the difficult question of whether to tell their child about the offending, particularly in circumstances where their child has no independent recollection of the abuse happening, or to wait to see whether their child remembers.

Community submissions

As part of its call for public submissions the Board heard from other victim-survivors and their families unrelated to this case. In the community submissions received by the Board, one grandparent reported their family was told by police that their grandchild was 'too young and wouldn't be believed' after the child had disclosed experiencing sexual abuse which was perpetrated against them by a young male educator at an early childhood education and care (ECEC) centre. This child initially made a disclosure to a doctor, who encouraged the family to make the report to police.

A different parent who made a complaint about their own child's experience in an ECEC centre more recently, drew attention to the impacts of experiencing abuse, and how long-term support is not available for victim-survivors.

“*I noticed her behaviour that was terrifying to me, so I went out of my way to manage it. I had to take time off work and my mum took time off work to help us. “I have a 2yr old on a mental health care plan”. I had to take stress leave. The implications on everyone around have been enormous.* - Parent of victim-survivor”

The Board also heard from another parent who reflected on the long-term impacts of child sexual abuse for their child stating:

“*Now in adulthood the natural process has been for her to find herself in abusive relationships. The layers of trauma are mounting with no appropriate help or support. All of us have suffered and still do to this day. Yes, support has been implemented, it's out there, yes there is much expenditure on funding but it's not reaching the individual for long term recovery.*

- Parent of victim-survivor, Community Submissions”

Significantly, the Board was contacted by a parent who had tried to make a complaint to the QPS and the Early Childhood Regulatory Authority (ECRA) about abuse their child experienced in an ECEC setting while the Review was ongoing. Their submission highlights that while reforms may have been committed to by governments, and changes may be enacted at a structural level, individual agency responses can vary significantly in practice.

It's been a hard and fast week and a half since we learned activities that have occurred in the centre of our child, it's multifaceted in terms of experience we have had. Our entire time in the daycare we were at has been an issue – even when putting it in writing wasn't responded to and it got progressively worse. Don't believe that any parent who had the capacity to remove their child would have left them there.

Situation initially it was frustration, but then it was distress. There was no support from the management down, until the issue really came down to one of the employees disclosed some information I think out of empathy for me as a mother.

*My partner and I both saw the news and both polar opposites - so he headed down in rage and got the email and contact details of the owner, more than I ever got. I contacted community supports and got the default response – **I don't have enough to be even eligible to access support.***

Statement of accounts from the centre – never signed in or out. Raised these things but didn't realise until recently how unsafe this place truly has been. Many people are not as diligent or “annoying” as I can be they would give them up. Now there is just fuel on fire. Being told no that many times most people would have given up.

I don't know what outcome I want I just want everyone to do better. I don't want compensation, but I want accountability. Centre to be closed or have an overhaul. This is not ok for parents to be threatened. For those parents who can't move their children for whatever reason, they have to accept whatever they're given.

Unsure if it's a lack of understanding of the people I got to speak to on the phone and they don't know what to do or how to navigate the system.

Another community member reflected on the awareness of child sexual abuse and how ‘average people don't understand sexual assault. The first thing they say that can't be true [sic] and this retraumatizes the victims’.

Submissions from a separate community member reflected on what they knew of the system responses by centres in this case.

I can't begin to imagine the overwhelming guilt and stress that their parents felt for leaving their children in the 'care' of this monster. By enrolling their children into a [Centre], the parents/guardians were unwittingly dealing with an institution which is notorious in reverting to a 'culture of silence' when things go awry. When confronted and challenged on sensitive and uncomfortable CSA [child sexual abuse] matters, it's incomprehensible, but they choose to be silent, which is neither a reassuring, respectful, nor a helpful response to those anxious paying customers whose children had suffered abuse. No response is still a response and CSA Victims and the community deserve a whole lot better.” - Community member

One parent reported having made several complaints regarding their child's experience, including to the police and the department responsible for Child Safety. They reported not having been believed, despite their child's presentation with sore private parts. The children's young age and lack of articulation of the abuse, was regarded as a lack of evidence and no action was taken as a result.

They reported the flow on effect that because of lack of charges in relation to their children, despite the offender being charged for offences against other children, their children were unable to access support. The parent described having approached the police and their local general practitioner seeking support for their children, however nothing was available. This parent highlighted the lack of crisis intervention and support provision to bystanders. They were of the view that the non-offending parent may not be best placed or may not be able to support the children following the arrest of the offending parent, hence the need for availability of support services for all affected. They were also of the view that like in hospitals, availability of social workers should be extended to police stations. This would allow for crisis intervention and immediate support.

The Board also heard that all children need a trusted adult who makes them feel safe. One victim-survivor informed the Chair: ‘When I was abused, I thought I did something wrong, and I was scared to tell anyone’. They explained that they wished their parents had spoken with them about sex earlier, so that the disclosure conversation was not the first time they had ever discussed their private parts. They described the deeply confusing process of trying to understand what had happened, why it had happened, and what they should do next. While they agreed that children need education and training, they emphasised that this alone is not enough.

Unless parents and other adults are equipped with the skills to talk openly, respond safely, and receive disclosures with care, the protective impact of education for children will be limited.

“*This testimony underscores a broader truth: safeguarding is not only about teaching children how to recognise risks, but about building a culture where adults are prepared to hear and respond. Victim-survivors consistently highlight that abuse thrives in silence—when children feel ashamed, isolated, or unable to seek help. Breaking this silence requires adults to take responsibility for creating safe spaces, normalising conversations about bodies, consent, and respect, and knowing how to act when concerns are raised.*”

The Board concluded that strengthening community capacity to have these types of conversations is as critical as the formal systems of screening, monitoring, prosecution and enforcement. Ultimately, protecting children depends not just on the vigilance of institutions, but on the everyday courage and preparedness of adults in their lives.

Initial support to make a report

There has been a significant focus recently on strengthening system responses to victim-survivors of child sexual abuse when making an initial report. This has been driven by multiple reviews and inquiries, including the *Royal Commission into Institutional Responses to Child Sexual Abuse* (Royal Commission) in 2017, the Women's Safety and Justice Taskforce in 2022 and the Australian Law Reform Commission (ALRC) Report into reforming justice responses to sexual violence in 2025.

Collectively, these reports have consistently emphasised calls by victim-survivors to:

- be taken seriously and be believed by authorities, especially police
- be treated with respect and dignity by the justice system
- be offered appropriate and individualised treatment options and psychological support for themselves and their families
- have access to culturally safe and informed reporting pathways and response protocols, especially for Aboriginal and Torres Strait Islander victim-survivors.

In its second report released in 2022, the Women's Safety and Justice Taskforce highlighted that the current system for responding to sexual violence, including child sexual abuse, was difficult to navigate, retraumatising for victim-survivors and lacking in adequate and appropriate support.²¹ Many factors discourage and prevent victim-survivors from making a report, including:

- myths and stigma around sexual violence
- overlapping structural inequality in the police and criminal justice system
- outdated legislation
- lack of support
- difficulty navigating the system.²²

In its final report, the Women's Safety and Justice Taskforce noted that:

Queensland women and girls live in a society where gender stereotypes and rape myths continue to negatively affect their experiences of sexual violence, including in the service and justice systems.

For the courageous women who do make a complaint of sexual violence to police and continue it through the courts, the Taskforce has heard their journey is arduous. Too many give up. Many women and girls feel they are not believed and are treated disrespectfully by police, legal practitioners, prosecutors and judicial officers.²³

In 2024, a review undertaken by Griffith University found that victim-survivors frequently feel violated by both the perpetrator and the criminal justice system.²⁴ This research showed that many victim-survivors understand the criminal justice system does not prioritise their needs and their 'vision of justice'.²⁵ Research demonstrated that victim-survivors want voice, validation and vindication, and that these things are not necessarily given through punishing perpetrators, but through a process that helps them feel heard and supported.²⁶

A recent review into justice responses to sexual violence in Australia by the ALRC further emphasised the need to improve system responses to sexual violence.²⁷ The ALRC found similar themes to the other reviews discussed, including that few victim-survivors engage with the criminal justice system due to significant barriers to engagement.²⁸ Of those victim-survivors who do engage, the ALRC also found that they are not engaged in a safe, informed and supported way and often encounter myths and stigma about sexual violence.²⁹

Anticipation of a poor experience and outcome from the criminal justice system has a deterrent effect. Research shows that common myths about sexual violence can act as a deterrent for people who have experienced sexual violence because people are aware that if their experience does not align with these myths, or they do not have evidence of a physical injury, they will likely be subject to greater scrutiny.³⁰

We start by believing

“ *The voice of the child is the greatest guide.* - Queensland Sexual Assault Network (QSAN) member ”

As highlighted by QSAN in its submissions to the Review, children are unlikely to disclose their abuse to authorities and rarely disclose to parents or trusted adults. When they do, they are frequently not believed and their disclosures not taken seriously. Saliently, while several children did try to report their experiences of abuse in this case with the support of their parents, their concerns were largely dismissed due to a lack of evidence, with no substantive protective actions taken by any of the agencies involved.

In a consultation with QSAN members, it was highlighted that there continues to be misunderstandings about children's ability to disclose abuse, including the myth that children make up their experiences.

While children may not be able to fully articulate their experiences of abuse in a way that meets adult expectations, this does not mean that the report is incorrect or falsified. A critical review of studies examining the rate of 'false allegations' of child sexual abuse published in 2018 found that:

- nearly all disclosures by children about child sexual abuse are true
- only between two and five per cent of disclosures made by children about child sexual abuse are false
- it is more likely for children to provide 'false negatives', meaning they are more likely to state that child sexual abuse did not occur despite there being evidence that it did.³¹

To meaningfully improve our responses to child sexual abuse, we must first start by believing children, and creating environments where children feel they can speak up and be heard. QSAN members highlighted the need for people to be trained in how to understand child disclosures and what to do in response.

“ *In reality, false allegations are rare and represent only a small minority. Challenging these beliefs is essential to building a system where young people are believed, and reports are not dismissed to protect reputations or on the basis of misogynistic attitudes about false disclosures* - Survivor-advocate ”

The disclosure process

“ *As a 5 year old I was taken to the police station. It was an intimidating space, with well intentioned officers that didn't necessarily create a reassuring space to disclose the most intimate and horrific personal details. And at 5 years old, with no right words to use, and fear of the perpetrator hurting me and my mum, I disclosed minimal details* - Lived experience advisor ”

As discussed previously in this report, individuals who have experienced child sexual abuse face multiple barriers to reporting abuse and it is critically important that supports are in place to assist them to make a disclosure. In support of this, the Daniel Morcombe Foundation submitted that:

Children and families must receive timely, trauma-informed support following disclosure. Services should be accessible, culturally safe and child focussed family-centred.

Family and caregiver education plays a crucial role in strengthening early detection and complaint processes. A centralised directory of services, along with coordinated case support, would significantly enhance access to the right therapeutic and advocacy resources.

Disclosure of child sexual abuse is a gradual process which can occur at any time. Some children may disclose immediately or shortly after the abuse happened. Other children may wait to make a report or share their experience of abuse, including into adulthood. Some children will never report or disclose their experiences of abuse.

Disclosure is an ongoing process. It is influenced by a range of different factors and is dynamic in nature.

Disclosure is also staged, where victim-survivors may only share some details of the abuse that they have experienced. Depending on the response of the person who they are making a disclosure to, a victim-survivor may choose to share more or less information about the abuse. The impacts of trauma, challenges with memory and the time since the abuse happened can also shape what information victim-survivors are able to share.

“

Currently, education about CSA remains inadequate and influenced by victim-blaming narratives and fear-based approaches. Many young survivors, fearing punishment, disclose abuse to peers instead of trusted adults. The ACMS found that friend disclosure is the most common form of disclosure among young people. While this may show a culture of empathy and support among youth, it also reflects systemic failure. Inadequate sexual and healthy relationships education has adultified young people, forcing them into roles as first responders, counsellors, and disclosure platforms. Protecting children from abuse is the responsibility of adults - Survivor-advocate

”

To help support disclosures, victim-survivors need to feel they will be believed and listened to. They also need access to people or systems they trust, and they need to be supported to make a report to police or other services if they choose.

When victim-survivors' initial disclosures are not believed or responded to, or the allegation is minimised, it can lead to a sense of helplessness and discourage them from seeking further support or assistance.

Understanding the disclosure process and the unique needs of each child, and creating an environment of safety and trust, can help to support someone to share their experiences. There are multiple ways to improve responses to disclosures so that children feel safe and supported to disclose. These include:

- ensuring children know that if they disclose, they will be believed and taken seriously and there will be action taken
- building a culture where the safety of children overrides concerns about information sharing, reputation and personal relationships
- ensuring responses are culturally safe and considerate of a child's identity and circumstances (culture, disability, sexuality, gender, socioeconomic circumstance etc.)
- making sure responses from centres, police and support services are trauma-informed and child-centred
- ensuring support services are available, accessible and acceptable.³²

Rapport building strategies can be helpful to overcome a victim-survivor's reluctance to engage.³³

For children, disclosures can be supported by:

- clearly explaining ground rules and engaging children in conversations about their interests
- using open and friendly body language
- listening attentively and offering small verbal cues to maintain engagement
- providing general encouragement that is not dependent on the content of the answers
- paying attention and exploring any emotional reactions a child may have.³⁴

The Board heard of other structural and system changes required to support victim-survivors to safely share their experiences of abuse. During consultation processes, QSAN members suggested that a call line for parents and caregivers might be useful where they are unsure if something really happened, so that parents could be supported to believe their child and know what steps they need to take to respond. This service would need to be a 'safe space' for parents and caregivers, allowing them to receive information in a way they understand and helping them feel comfortable with supporting their child and taking the next steps.

In a study undertaken by Griffith University to inform the Board's review, participants highlighted the importance of parents believing children when they make disclosures:

If the parents are supportive and believe the child or the victim, then there's better life outcomes. So, the earlier we can support them once they've made the disclosure, the better.³⁵

QSAN members also emphasised the need for interpreter services to be trained and educated about child sexual abuse, including potential indicators of abuse, and the importance of supporting children and families during disclosure. Training for these staff is integral to ensure culturally and linguistically diverse victim-survivors are supported in making disclosures, and that interpreters do not shut down or otherwise impact a disclosure. Further, spaces need to be safe for culturally and linguistically diverse children and families to be able to disclose and take into consideration varying levels of understanding of child sexual abuse.

QSAN members also raised the need to broaden the scope of what is accepted by police as evidence of disclosures. Those taking disclosures need to be educated to understand the many ways a child may choose to disclose their experiences of abuse and know how to interpret the information that is shared. For example, children may sometimes make disclosures through drawing or storytelling.

Reducing barriers to engagement and prosecution

The Board has consistently heard throughout the Review that one of the greatest barriers to facilitating effective responses to victim-survivors of child sexual abuse, and other forms of harm, is the high threshold of criminal proof required to satisfy the criminal justice system that a crime has occurred. This has two significant and harmful impacts on victim-survivors:

1. The impact of the necessarily high standard of proof has a detrimental impact on therapeutic outcomes for victim-survivors. It can result in a lack of acknowledgement or response to abuse which has been detected and reported, but for which evidence to satisfy investigators is not at hand. In these case investigations do not commence or they stall, and services are not easily accessible.
2. To satisfy the high evidentiary threshold, police and prosecutors interact with victim-survivors in a way which is focused on the preservation of the integrity of evidence. This results in invasive investigative processes which can compound trauma and dehumanise the disclosure. This in turn can lead to protracted, adversarial court processes that facilitate further harm. It may also require the victim-survivor to have to repeatedly share their experiences of abuse to other regulators or services who have different goals and approaches, causing further harm.

“

We need to provide a 'one door' entry point for protective parents and children, where the system comes to them at one place and at one time, in a place purpose built for them, where the child's best evidence is heard at the earliest opportunity, fully recorded, all family information gathered from the various statutory departments, where experts are available to offer assistance, where a risk assessment is conducted, where the family risk report is shared with all jurisdictions and courts and where all safety concerns are responded to adequately. All of this is possible in a jointly funded Child and Family Advocacy Centre model. - Hetty Johnston

”

The internationally recognised best practice approach to addressing these issues is co-located, collaborative, and trauma-informed services which incorporate forensic interviewing techniques explicitly sanctioned by law in child-friendly environments and with culturally appropriate services was consistently highlighted:

Therapeutic support services, forensic interviewing and medical examination all in one place, or at least working in multidisciplinary teams so that parents don't need to keep finding out getting referred to lots of different people making multiple appointments. (...) the risks of disclosure for children and what happens afterwards are a real disincentive because it can be [sic] the systems can be as traumatising.³⁶

International approaches, such as Child Advocacy Centres (CACs) and Barnahus ('children's house') models offer streamlined, child-focused, and multidisciplinary responses to reports of harm to children.

“

When I disclosed my abuse I was asking for help, not a criminal process.

- Victim-survivor

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In research undertaken by Griffith University to inform the Board's understanding of best practice responses to child sexual abuse, the importance of a multi-agency response, tailored to the needs of children.

In submissions provided to the Board, Bravehearts emphasised that investigations into a report of child sexual abuse must be trauma-informed, developmentally appropriate and led by trained specialists including through forensic interviews in a multi-agency framework. This can be done through multidisciplinary hubs which should be culturally safe and community-informed.

“

System-level responses are equally vital. Multidisciplinary approaches such as Child Advocacy Centres (CACs) and therapeutic assessment and treatment teams (for example, in the United States and Canada) have shown promise in reducing system-induced trauma and improving outcomes for children and families. These models offer coordinated, child-friendly services that minimise the need for children to repeat their stories across agencies and ensure streamlined access to healthcare, legal, and psychosocial supports.

- Bravehearts Submission

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A comparison of Child Advocacy Centres and Barnahus models

The Board was strongly encouraged to look into the model of CACs overseas. CACs emerged in the United States in 1985 as a way to co-locate and coordinate service delivery to children who have experienced abuse.³⁷ They provide children and families with a single point of entry to the secondary response system and a dedicated case manager while facilitating cooperation between police, health, therapeutic, child protection, domestic violence and other local services.³⁸ Critically, they usually employ a single forensic interview of a child victim-survivor from which evidence may be gathered and used by multiple services and practitioners, including the judiciary.³⁹

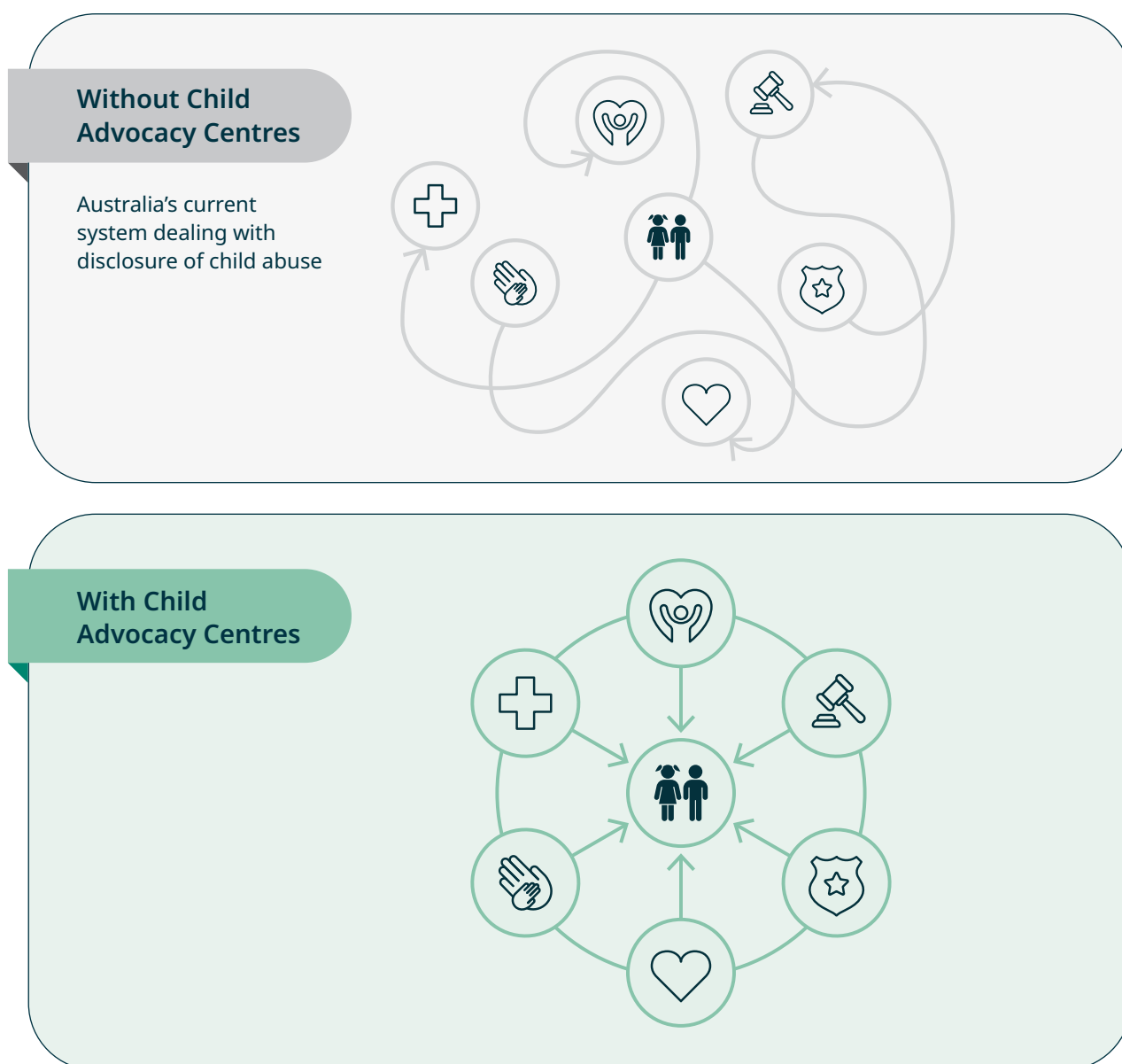
“

As a survivor, I feel the most effective way to conduct a successful victim interview is to ensure the environment is as comfortable as possible and not in a police station. I believe a supportive professional should be present as well as police, and all of these professionals should remain as a constant throughout the whole process

- Lived experience advisor

”

Figure 1: Dealing with disclosure of child abuse with and without Child Advocacy Centres



The National Children's Alliance provides governance and oversight of the over 900 independent CACs in the United States of America (USA). Since their inception, CACs have been established in several other countries including Canada.⁴⁰ In 1997, the approach was used as the basis for the Icelandic Barnahus model, which is more fully incorporated into the criminal justice system.⁴¹ This model enables evidence gathered at Barnahus to be directly used in court proceedings, further reducing potential harm to victim-survivors. Barnahus-style centres have since been established in many European countries, and the system is endorsed by the European Union.

Given their common evolution, there are a number of similarities between CAC and Barnahus models:

- **Child-centred, trauma-informed approach:** Both models prioritise the safety, wellbeing and recovery of child victim-survivors through a trauma-informed and developmentally appropriate response. Both aim to reduce re-traumatisation by minimising the number of times a child is required to tell their story.
- **Multi-disciplinary team collaboration:** Both models co-locate or coordinate services involving law enforcement, child protection, health and mental health professionals. They seek to facilitate and enable real-time information sharing and joint decision-making on child protection and legal outcomes.
- **Forensic interviewing best practices:** Interviews are video recorded to reduce the need for repeated questioning and use trained forensic interviewers to elicit reliable testimony from children in a child-friendly setting.⁴²
- **Improved access to services:** Both approaches provide or coordinate access to therapeutic, medical and advocacy services, increasing opportunities for early and ongoing support.

Table 1: Key differences between Barnahus and CAC models

	Barnahus	CAC
Legal framework and role in justice process	Operates within the justice system in many European jurisdictions (especially Nordic countries). The forensic interview may replace court testimony, serving as admissible evidence.	In the USA and other jurisdictions, the forensic interview is not automatically admissible in court; children may still need to testify.
Governance and structural integration	Often fully state-run or embedded in the public judicial/health system, with legal mandates defining roles and responsibilities.	Usually run by non-government organisations or local partnerships; structures vary by jurisdiction, often relying on inter-agency agreements rather than statutory integration.
Victim's legal representation and procedural rights	May provide legal counsel or procedural representation for the child during the investigative process.	Generally does not incorporate legal representation for the child within the centres' services.
Scope and eligibility	Typically responds to all forms of violence, including witnessing domestic and family violence, physical abuse, and trafficking.	Historically focused more narrowly on sexual abuse, though many have expanded to include physical abuse and other traumas.
Cultural and policy context	Reflects European child rights frameworks (e.g. United Nations Convention on the Rights of the Child compliance), embedding a strong emphasis on the child's voice in legal proceedings.	Emerged from USA child protection traditions, often with more decentralised governance and service models.

Both the CAC and Barnahus models have been shown to have tangible positive impacts for victim-survivors when making a report. This includes:

- **Reduced trauma and re-victimisation:** Both models reduce the number of interviews and limit the child's exposure to intimidating justice processes. Barnahus may provide greater legal protection by reducing the need for court testimony entirely.⁴³
- **Improved therapeutic engagement:** Co-location or close coordination with therapeutic services improves early intervention and long-term mental health outcomes, facilitating earlier access to therapy by integrating health professionals more closely with investigative processes.⁴⁴
- **Increased case coordination:** Multidisciplinary teams in both models lead to better-informed investigations and case handling in the best interests of the child, and improved rates of prosecution and conviction.⁴⁵
- **Child satisfaction and engagement:** Both approaches improve children's and families' satisfaction with the process. Barnahus may outperform in jurisdictions where it reduces the need for child court appearances.⁴⁶

Transformational Recommendation 6: Improved interviewing and responses when victim-survivors present

In Australia, adoption of CACs and Barnahus models has been slow. The Parkerville Children and Youth Care in Western Australia opened the George Jones Child, Youth and Family Centre in 2011, and the Stan and Jean Perron Child, Youth and Family Centre in 2019. Both were initially referred to as CACs but have since reoriented to provide integrated services to families as well as children individually. They have also opened a similar centre at Rockingham. The Perth centres are the only 'true' CACs operating in Australia currently.

Previous inquiries and reviews have called for the trial and extension of these types of models in Australia. In 1997, the ALRC recommended that specialised interview teams comprised of police and child protection practitioners modelled on the CAC should be developed and deployed to address allegations of child maltreatment with a view to reducing trauma.

The Family Law Council previously recommended the Federal Government establish a national Child Protection Service in 2002, suggesting its function should be to investigate child protection concerns and provide information to family law courts.⁴⁷ While this specific recommendation hasn't led to a fully unified national service, the Council has continued to advocate for improvements in protecting children within the family law system, recently focusing on better information sharing between federal family courts and state child protection agencies through a National Framework endorsed in 2021.⁴⁸

The Royal Commission also considered the Barnahus model in response to submissions from a community legal centre in its discussion of alternative inquisitorial approaches to investigating allegations of abuse. While it did not make any recommendations on the adoption of this model, the Royal Commission flagged a positive evaluation by the Children's Commission for England and the benefits provided by existing Barnahus institutions to the wellbeing of children.⁴⁹

The Barnahus Model is widely recognised in Europe as a best-practice framework for the inquisitorial prosecution of child abuse cases with integrated victim-survivor support. Unlike traditional systems where victim-survivors must navigate multiple agencies, Barnahus adopts a 'one door principle', delivering legal, medical, and psychosocial services in a single, coordinated setting. Professionals come to the child, ensuring that victim-survivors are not burdened with seeking out support. Evidence is preserved efficiently, trauma is minimised, and interviews are conducted using therapeutic, age-appropriate methods.

The Barnahus Model represents best practice for inquisitorial prosecution processes with integrated support:

- Barnahus was inspired by the CAC model but integrates with the judicial system and aims to prevent victim-survivors from having to directly testify.
- It was built on the United Nations Convention on the Rights of the Child, and European legislation and conventions on the rights of children in the justice system. While it is supported by the European Union it is not yet accepted as a universal standard.
- Barnahus provides a 'one-stop' legal, medical, and psychosocial service (the 'one door principle'). Professionals go to the child rather than the victim-survivor being responsible for seeking support.
- Following supportive intervention, Barnahus preserves evidence and reduces trauma by minimising the number of interviews victim-survivors must undergo. Interviews are conducted using victim-centric, age appropriate, therapeutic methods.
- Immediate and long-term therapeutic and family support needs are assessed at the same time as police and judicial officers consider prosecution matters.
- Barnahus has been adopted widely in Europe, and the Barnahus Network has over 20 nations represented in its membership.⁵⁰

Key aspects of the Barnahus relevant to Queensland include:

- **Integrated Approach:** Simultaneous attention to legal processes and therapeutic interventions, reducing repeated interviews and stress on the child.
- **Child-Centred Practices:** Age-appropriate, trauma-informed methods that ensure children's voices are heard without undue distress.
- **Evidence Preservation:** Coordinated investigative practices that maintain evidentiary integrity while safeguarding the child.
- **Long-Term Support:** Immediate and ongoing assessment of therapeutic and family support needs alongside criminal justice considerations.

Bravehearts has long advocated for the establishment of a National Child Advocacy Centre. In a submission to an Australian Law Reform Commission review of the Family Law System in 2018, Bravehearts stated:

The establishment and trial of a National Child Advocacy Centre approach would focus on professionally establishing, on the balance of probabilities, the veracity of notifications of child harm. This centre would capture the voice of the child using a professional multi-disciplinary team. It would assign a Child Advocate to the child, compile a forensic family report, conduct a forensic interview of the child and provide a report to the Court for its consideration. We expect that adopting this model will allow for an expedient response or better yet, in many matters, will result in the matter not presenting before the court in the first place.⁵¹

Bravehearts have previously piloted a CAC model in South East Queensland in partnership with the QPS which offered opportunities to observe, evaluate, and adapt practices that align with international best practice models, particularly the Barnahus approach.⁵² It provided a demonstration site where Queensland could assess the feasibility, effectiveness, and challenges of adopting Barnahus principles to an Australian context. Insights from this pilot helped to inform policy and operational guidance, integration with police investigative processes, judicial protocols, and multi-agency collaboration. It also offered the opportunity to identify practical adaptations for local legislative, cultural, and operational contexts, ensuring that any broader rollout was evidence-informed and responsive to the unique needs of children in Queensland.

Evaluations of overseas approaches suggest that this approach has the potential to reduce trauma for victim-survivors, improve evidence quality, and support coordinated decision-making across police, regulatory agencies, and service sectors. By reinvigorating this pilot as a learning platform, Queensland can build a framework for CACs that incorporates Barnahus principles and enhances outcomes for victim-survivors of child sexual abuse.

Transformational Recommendation 6: Improved interviewing and responses when victim-survivors present

The Queensland Government improve its response to victims of child sexual abuse through the adoption of principles and approaches aligned with the Child Advocacy Centre and Barnahus models. This new approach should ensure that victim-survivors of child sexual abuse (and their parents or guardians) are protected and supported, and that any further trauma throughout the justice process is minimised. This investment should include piloting a specific Child Advocacy Centre or Barnahus service at multiple sites in Queensland.

Transformational Recommendation 7: Increasing the rights of child sexual abuse victim-survivors in cases of possessing child exploitation material

The Board heard consistent evidence that child exploitation material (CEM) has a long and persistent life once it is created and distributed. Unlike physical evidence that can be contained or destroyed, digital images and videos are easily copied, shared, and circulated across multiple platforms, including encrypted channels and the darknet. As a result, the impact of the original abuse continues long after the event itself. This affects both the victim-survivors and broader child safeguarding systems.

In 2015 the Queensland Organised Crime Commission of Inquiry noted in its final report that:

The online child exploitation material market has a significant detrimental impact on the community as it stimulates the demand for production of child exploitation material and therefore promotes child sexual assault. In addition, beyond the impact of contact offending recorded for dissemination in the child exploitation material market, it is well known that victims of exploitation for the production of material for the market often suffer ongoing harm... Purveyors and collectors of child exploitation material commonly justify their actions by citing the explanation that they are not responsible for the level of trauma caused by contact offenders who produce the material. However, victims of exploitation often report deeper psychological trauma than victims of contact offending that remains private. That is because the number of images being circulated online and the number of recipients is ultimately unknown. This phenomenon effectively prolongs the abuse, and it is commonly reported that victims claim an ongoing belief that the child exploitation material of which they are a subject is being viewed by an individual at any given point in time. That belief is far from fanciful in this digital age.⁵³

As also articulated in multiple submissions to the Australian Parliamentary Joint Committee on Law Enforcement inquiry on child exploitation in 2023:

Accessing and viewing CAM [child abuse material] is not a victimless crime, as many perpetrators believe. It has a devastating and lifelong impact on the children that are abused, with abuse images living on unfettered in the uncensored world of clandestine online CAM groups.⁵⁴

The 'uncertainty of knowing who has seen them being exploited as a child carries life-long, unresolved paranoia and emotional trauma on a victim'... Survivors tell us that the memorialisation of child sexual abuse through the production of abusive images and videos and even worse, its distribution, constitutes a most egregious insult to an already severe injury.⁵⁵

Victim-survivors are often repeatedly re-traumatised as their images are downloaded, viewed, and exchanged by perpetrators. We heard of cases in which multiple perpetrators were found in possession of a victim-survivor's images more than a decade after the original abuse, and even where the primary perpetrator had been arrested and prosecuted many years earlier. This underscores the enduring harm caused by CEM and the way it perpetuates victimisation over time.

The quantity of CEM possessed by individuals charged with such offences varies significantly, with some offenders amassing extensive collections. For instance, a Sydney ECEC worker was found with over 500,000 unique images, and a Victorian man was discovered with approximately 800,000 files.⁵⁶ These cases underscore the substantial volume of CEM that can be present in a perpetrator's possession.

For law enforcement agencies, the global nature of CEM distribution necessitates international cooperation and the development of advanced technological tools to track and remove such material effectively. Initiatives like Project Arachnid, an innovative, victim-centric set of tools which seek to combat the growing proliferation of CEM on the internet, exemplify proactive approaches to combating the proliferation of CEM and mitigating the harm caused to victim-survivors. The Board also heard that the rapid spread and persistence of CEM across the internet presents serious challenges for law enforcement. Perpetrators may acquire material from international sources or darknet networks, making tracking, investigation, and prosecution complex. However, the longevity and circulation of CEM also provide opportunities: patterns of possession, sharing, and re-distribution can be used to identify networks of offenders and prevent further abuse.

Possession, trading, and viewing of CEM itself constitutes ongoing harm to the children depicted. Evidence presented to the Board highlighted that, similar to the offender in this case, individuals charged with CEM offences often maintain large, organised stores of images and videos, which are commodified and traded across networks of perpetrators. In these vile groups, the images of abuse are given status and value.

It is incorrect and misleading to separate the creation of the material from the harm caused by its continued dissemination. Every instance of viewing, downloading, or sharing the material contributes to re-victimisation, reinforcing trauma and extending the victim-survivor's exposure to exploitation.

Even where the original abuse occurred years or decades ago, the child continues to suffer harm each time the images are accessed or traded. As articulated in the recent federal parliamentary committee on Law Enforcement Capabilities in relation to Child Exploitation:

The committee was moved by the evidence it received during this inquiry. Child exploitation is a horrific crime that causes terrible distress and trauma. Children are owed our care and protection, and yet the sad truth is that child sexual abuse continues and child abuse material (CAM) is proliferating. The severe and potentially lifelong harms of this crime demonstrate the importance of efforts to combat it.⁵⁷

It is not uncommon for law enforcement to locate victim-survivors' images in the possession of multiple perpetrators long after the initial abuse has occurred, demonstrating that the harm from CEM is cumulative, enduring, and widespread. This underscores the critical need for interventions that target both the original perpetrators and the broader networks that prolong the circulation of CEM and perpetuate the demand for this type of material.

As highlighted in the *Queensland Organised Crime Commission of Inquiry in 2015* the internet has enabled 'the development of organised, technically sophisticated rings of child sexual abusers.' This is not just isolated to the darknet however, it also occurs through peer-to-peer file-sharing, email communication, encrypted platforms and to a lesser extent in open internet forums, where perpetrators may seek to identify others with a sexual interest in children. In the final report of the Inquiry it was noted that:

One of the most concerning aspects of these types of organised criminal networks is the voracious demand for new and increasingly depraved material... On the basis of the information received by the Commission from a range of law enforcement and intelligence sources, there can be little doubt that child sex offending, particularly to feed the illicit and insatiable child exploitation material market, represents a risk with an upward trajectory. Further, there is a growing trend towards commercialisation of the child exploitation material market.⁵⁸

Evidence before the Board shows that the offender in this case joined an online forum of other perpetrators, he shared CEM material online in this forum, and he sought and was granted, access to VIP areas of this forum after he uploaded this material. He also commented in online forums about the abuse of children. After his arrest, the offender reported to police that he would sometimes delete all the CEM he had but would then retrieve it. **In total, 571 videos and 18,257 images of CEM were found in his possession that he had not produced.**

Recognising the ongoing victimisation experienced by children depicted in CEM is essential to informing legislative, policing, and child safeguarding reform. It reinforces that child sexual abuse prevention, detection and response must address both the initial abuse and the subsequent life of the material, ensuring victim-survivors are central in risk assessments, investigations, and protective measures.

It is globally recognised that the images of Australian children, who were rescued from sexual exploitation decades ago continue to be encountered in international investigations.⁵⁹

Child safeguarding measures cannot be reactive or short-term and must account for the long-term nature of digital CEM, the sophisticated means by which this material is shared and the organised networks which perpetuate demand for CEM and continue its distribution. Strategies to address child sexual abuse must include continuous monitoring, rapid identification, and coordinated interventions to minimise ongoing harm to victim-survivors and to disrupt the circulation of CEM.



Project Arachnid – A technological approach to combat child exploitation material

Developed by the Canadian Centre for Child Protection and launched in 2017, Project Arachnid is an automated web crawler designed to detect and remove CEM from the internet. Utilising advanced image and video hashing technologies, the platform identifies known CEM by matching digital fingerprints against a database of confirmed illegal content. Upon detection, it promptly issues removal notices to hosting providers, expediting the process of content removal and reducing the exposure of victim-survivors.⁶⁰

As of its eighth anniversary in 2025, the platform had issued over 47 million removal notices to more than 1,500 online service providers across nearly 100 countries. This extensive reach indicates that individual CEM can be distributed and accessed by numerous offenders worldwide but also underscores the global commitment to eradicating CEM and supporting victim-survivors.⁶¹

Project Arachnid employs both exact and perceptual hashing techniques to identify CEM. Exact hashing matches images or videos that are identical to known illegal content, while perceptual hashing detects close matches, accounting for minor modifications or alterations. This dual approach enhances the system's ability to identify a broader range of CEM, including those that have been slightly altered to evade detection.

The platform operates continuously, scanning the internet—including the darknet—for CEM. When such material is identified, Project Arachnid sends automated removal requests to the hosting service providers. This process not only facilitates the swift removal of harmful content but also assists in breaking the cycle of abuse by reducing the availability of such material online.

Project Arachnid collaborates with various international organisations and child protection entities to amplify its reach and effectiveness.

A cornerstone of Project Arachnid is its victim-centric model. The initiative not only focuses on removing CEM but also on supporting victim-survivors. By eliminating the online presence of their abuse images, the project helps mitigate the ongoing trauma experienced by victim-survivors. Furthermore, the data collected by Project Arachnid has been instrumental in legal proceedings, providing evidence that has been used in courtrooms across Canada.⁶²

With support from initiatives like Safe Online, a global investment vehicle dedicated to keeping children safe in the digital world, Project Arachnid has advanced its technological capabilities, improving automated detection and expanding its multilingual global notification system. These enhancements aim to expedite the removal of CEM and develop tools to identify images on platforms where traditional automated detection is challenging.⁶³

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It is wrong to assume that when an offender with exploitation and abuse material is captured, that the images are then recovered. We must realise they are digital copies, and unknown and unlimited copies may still be accessed and re-copied long after the arrest.

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The continued perpetuation of abuse

The widespread and enduring presence of CEM means that victim-survivors continue to be re-victimised as their images circulate among offenders. This persistent dissemination complicates efforts to support victim-survivors, as the material can exist in multiple locations and be accessed by numerous individuals over extended periods.

The continued dissemination of child exploitation material can exacerbate the emotional and psychological impact on victim-survivors, often impeding their recovery and well-being.⁶⁴

Submissions to the Australian Parliamentary Joint Committee on Law Enforcement inquiry on child exploitation in 2023 also highlighted that:

Survivors of CEM [child exploitation material] often suffer post-traumatic stress disorder. Images can be replicated and shared again. Victims experience anxiety using the Internet because their image may reappear and they will be traumatized again. This constant re-victimization process and stress impact day-to-day functioning, degrades quality of life, increases potential physiological and mental harm, and negatively affects life course.⁶⁵

Historically, cases involving CEM where the perpetrator and victim-survivor are unknown to each other often lacked the perspectives of the victim-survivors depicted in the images. The Canadian Centre for Child Protection has addressed this issue by facilitating the inclusion of victim impact statements in legal proceedings involving CEM related offences. This is achieved through Project Arachnid by connecting images held by perpetrators with victim impact statements written by the victim-survivors recorded in those images. This connection has enabled the voices of victim-survivors to be heard in courtrooms across Canada, providing a more comprehensive understanding of the harm caused by the distribution and possession of CEM, while also minimising the need for victim-survivors to continue to disclose the impact of their experiences of abuse, in related court proceedings.

In Queensland, under part 10B of the *Penalties and Sentences Act 1992*, victims of offences against the person, or domestic and family violence offences, including breaches of domestic violence orders, police protection notices, and release conditions under the *Domestic and Family Violence Protection Act 2012*, have the right to provide a victim impact statement at the time of sentencing of the perpetrator. A victim impact statement allows victim-survivors to describe the physical, emotional, and psychological harm they have suffered as a result of the offence. This statement is considered by the court during sentencing, providing the judiciary with a comprehensive understanding of the impact on the victim.

Victim-survivors can prepare their victim impact statement independently or with assistance. In cases where the victim-survivor is unable to provide the statement due to age or impaired capacity, another person may prepare it on their behalf. To support victim-survivors in this process, the Queensland Government offers resources such as a step-by-step guide for making a victim impact statement, which includes information on how to prepare and submit the statement.

Currently victim-survivors in images of child sexual abuse material are not treated as victims in all legal cases where a perpetrator in Queensland (or Australia) is charged with possessing the image. The construction of the relevant Queensland possession and distribution offences for CEM do not appear to contemplate these offences as being 'against the person'.⁶⁶ This makes the crime seem victimless, and less harmful than it truly is.

The Department of Justice has advised the Board that it is undertaking a holistic review of the victim impact statement regime under the *Penalties and Sentences Act 1992*, in line with recommendations 21 and 22 of the Queensland Sentencing Advisory Council report, *Sentencing of Sexual Assault and Rape: The Ripple Effect*.

The Board heard evidence of international jurisdictions that inform victim-survivors shown in CEM each time a new perpetrator is caught in possession of the material. The Board heard of the confronting and traumatic experiences of victim-survivors being notified regularly, or out of the blue, over periods of years and decades. This approach is not recommended.

Instead, it is entirely possible for a service like Project Arachnid to attach a victim impact statement to an image for perpetuity and give the victim-survivor the right to update this statement at their own discretion. This puts power back into the right place.

By attaching victim impact statements to specific images, victim-survivors would only need to provide their statements once, which would then be accessible in all subsequent legal proceedings involving those images. This approach aligns with best practices in victim-centric justice systems and would reduce the trauma associated with repeated testimonies.

Additionally, establishing a system that allows international victim-survivors to submit victim impact statements would enhance the global nature of justice in CEM cases, acknowledging the widespread impact of such crimes and ensuring that all victim-survivors have an opportunity to be heard, regardless of their location.

The International Association of Chiefs of Police has recognised the importance of creating an international database of victim impact statements to support CEM cases, highlighting the global consensus on the need for such initiatives. It resolved:

that the IACP recognizes that the creation and distribution of child sexual abuse imagery (CSAM) is a serious international problem and encourages the law enforcement community to do more to support other stakeholder efforts to reduce the public availability of CSAM; and be it FURTHER RESOLVED, that the IACP recognizes that the creation and distribution of child sexual abuse imagery often has lifelong impacts on victims around the world and more must be done to identify victims in all countries so that they can begin the recovery process; and be it FURTHER RESOLVED, that the IACP recognizes the need to reduce the ongoing victimization and harm that survivors of CSAM suffer as a result of their CSAM being accessible online.⁶⁷

Finally, while the issue of victim impact statements in child exploitation distribution or possession offences does not appear to have been considered at a national level or by other Australian jurisdictions, community impact statements in South Australia⁶⁸ have enabled greater understanding of the impacts of a certain crime type on society, including child exploitation offences.⁶⁹

The Board considered information from the Carly Ryan Foundation on the use of community impact statements in child sexual abuse cases.⁷⁰ A community impact statement's purpose is to bring to the court's attention how society as a whole is impacted by a crime type. It does not speak to the personalised experience of a victim-survivor, but to the wider, general consequences carried by a community due to an individual's criminal conduct.

It is a generally understood principle that in sentencing an offender, the sentence must adequately deter other citizens from engaging in similar offending. The judge is open to reflect on how a community is impacted by that offense, as part of that deterrence factor. While the Foundation acknowledges that the court must take into account an offender's own history, their personal circumstances and their ability for rehabilitation (amongst other factors) in reaching an appropriate sentence, the sentencing process faces challenges in representing victim voices... A Community Impact Statement is therefore able to speak, in general ways, about how victims of online child exploitation may experience the impact of the crime (such as ongoing mental health challenges, the worry of not knowing who has seen the abuse material, the knowledge that their abuse material may be used to groom other children, etc).⁷¹

Beyond providing context for sentencing judges, a community impact statement can also educate prosecutors, defence attorneys and even perpetrators in understanding the wider consequences of online child exploitation.

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There still remains a great number of people within the community who view this as a 'victimless' crime as there was no 'contact' offending, especially amongst offenders (who need to devalue the experience of the victim in order to perpetrate the crime). Offenders may also fail to see their role in being part of the supply/demand chain in feeding this 'industry'. In this respect, a Community Impact Statement has a greater educational and awareness-raising function, that challenges the viewpoint of it being 'victimless'.⁷²

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Transformational Recommendation 7: Increasing the rights of child sexual abuse victim-survivors in cases of possessing child exploitation material

The Queensland and Australian governments both implement legislative reforms to enable the use of victim impact statements in cases involving CEM, ensuring that these statements are attached to the specific images and are admissible in all related legal proceedings regarding those images. This approach would allow victim-survivors to provide their impact statements once, while ensuring that each perpetrator hears their voice.

The Queensland and Australian governments should investigate legislative reforms that could enable the use community impact statements in CEM cases.

Furthermore, both the Queensland and Australian governments should collaborate with international partners to establish mechanisms that:

- allow victim-survivors from other countries to submit victim impact statements in cases where Australian perpetrators are charged with accessing, possessing or distributing CEM depicting foreign children. This could be facilitated through intermediaries such as Project Arachnid, ensuring that the voices of international victim-survivors are heard and considered in Australian courts.
- allow Australian victim-survivors to submit victim impact statements for use in international jurisdictions where perpetrators are charged with accessing, possessing, or distributing material depicting Australian children. These statements could be submitted through intermediaries such as Project Arachnid or other appropriate mechanisms, ensuring that the voices of Australian victim-survivors are heard and considered in foreign courts, without requiring repeated testimony.

Operational Recommendation 11: Investing in the tracking and takedown of images of Australian victim-survivors

That the Australian Government either enter a formal partnership with Project Arachnid or invest in a similar initiative within Australia (under the leadership of the eSafety Commissioner or the Australian Centre to Counter Child Exploitation) to combat the proliferation of CEM and protect the future rights of Australian children who have been abused.

Chapter

22

Enhancing access to specialist support services

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Enhancing access to specialist support services

Investment in sexual abuse counselling services

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Child sexual abuse is a long lasting trauma. We cannot simply put a bandaid over the trauma and expect a child to lead their best life. Support and treatment needs to be ongoing, specialised, and consistent. A one stop shop where a survivor can seek assistance at different stages of life where they don't have to repeat themselves, and their experiences are heard and understood.

- Lived experience advisor

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Child sexual abuse remains a pervasive and deeply troubling issue within Australian society, with enduring consequences that ripple across the lifespan of victim-survivors and their families. Despite concerted efforts by governments, community organisations, and health services, there remains a critical need to examine the current investment in sexual abuse counselling and recovery services, ensuring these supports are both adequate and accessible.

Experiences of child sexual abuse can have significant negative impacts. Recent research from the Australian Child Maltreatment Study shows that victim-survivors face significantly elevated risks of mental health disorders, including depression, anxiety, post-traumatic stress disorder, and substance dependence.⁷³ Beyond psychological harms, physical health complications and social difficulties often emerge, compounding the burden of trauma.⁷⁴

Child sexual abuse can also have lasting impacts on overall mental and physical health throughout a person's life.⁷⁵ As articulated in research conducted by the Australian Institute of Family Studies for the Board:

These findings make clear that child sexual abuse is not a discrete event, but a life-course issue, necessitating sustained and responsive mental health support frameworks. Counselling and recovery services must therefore be equipped to address trauma across diverse stages - from childhood through adulthood - recognising that support needs are ongoing.⁷⁶

As discussed previously, families impacted by this case reported variability in the support provided to them. While some appear to have been provided with support throughout the process, others reported receiving limited assistance that did not meet their needs. Although the Australian Federal Police (AFP) were proactive in seeking to ensure families were connected to specialist supports throughout the investigation and related criminal proceedings, the current service landscape appears inadequate, fragmented and underfunded.

Many victim-survivors remain disconnected from therapeutic services, either due to lack of awareness, accessibility, availability, or trust in support systems. In a study conducted by Griffith University to inform the Board's review, participants described a lack of services to support children and families after a disclosure and reflected that access to services is highly dependent on location and catchment areas.⁷⁷ Services were also noted to have long waiting lists, leaving children and families without high quality or specialised support options:

As I said before, it's a lottery of where you live and what services are available. I suppose, in the past, we have tried to keep a manual or pamphlets of all different services. It becomes very hard. Also, we used to try to also look at what the waitlist was for the family and the cost, because the cost is a big factor for a lot of our clientele. They can't afford private funding [healthcare].⁷⁸

There's a massive gap in service between children disclosing, having forensic examinations done, being seen by a health professional, and then seeking or receiving therapeutic care or psychosocial support. So, we know that there's massive gaps in service for wait times. Sometimes six months. And if you don't live in their catchment, you can't get access to their service. These are the families that we see who have a child that has disclosed, that has been through the police, done the 93A interview, had a medical examination and then can't go and get therapy from services because their waitlist is too long, or they don't live in that catchment area.⁷⁹

In submissions received by the Board, there was a general consensus in relation to the need for increased funding for specialist sexual abuse counselling and support services, and an expansion of the available interventions. This includes calls for:

- additional funding for the development and implementation of evidence-based, therapeutic interventions and services to support both victim-survivors of child sexual abuse, and children who display harmful sexual behaviours
- the development of a long-term sexual violence plan which includes a clear role and appropriate funding for specialist sexual violence prevention and support services
- funding for targeted, place-based support services responsive to the needs of local communities
- implementation of a 'surge' response system to deliver crisis support services to impacted communities when abuse involving multiple victim-survivors is detected.

Understanding the current service landscape

In Australia, sexual abuse counselling and support services are delivered through a complex web of government bodies, community organisations, philanthropic partnerships and health services. Federal and state governments share responsibility for funding and oversight. Nationally, the Department of Social Services (DSS) administers key grant programs targeting victim-survivor support, as well as national crisis support and advice lines like 1800Respect and the Child Wise National Child Abuse Prevention Helpline.

In Queensland, Department of Families, Seniors, Disability Services and Child Safety provides funding to a range of services that support victim-survivors of child sexual abuse and their families, and Victims Assist Queensland provides financial assistance, information and referrals. Queensland Health also manages aspects of service provision through public mental health and victim-survivor support services, including forensic examinations, follow-up counselling and initial support.⁸⁰

Non-government organisations, such as Act for Kids and Bravehearts provide critical support to children and their families, but they are not funded to deliver statewide counselling and support services. Specialist community-based organisations also provide assistance to older children and adults who have experienced child sexual abuse. For example, Zig Zag Young Women's Resource Centre, the Centre against Sexual Violence and Gold Coast Centre Against Sexual Violence Inc provide trauma-informed counselling and prevention programs, as well as information, referrals and advocacy to victim-survivors of child sexual abuse. However, many of these services have specified funding requirements, are unable to provide support to children under the age of 12 or 15 years and are only funded to provide services within their local communities.⁸¹

Recent government announcements have sought to increase funding for specialist sexual abuse counselling and support. Despite these efforts, siloed governance arrangements lead to inconsistencies in service quality, access, and coordination. This fragmentation also complicates data collection and evaluation, limiting visibility over service demand and effectiveness.

In submissions to the Board, the Advocate for Children and Young People New South Wales emphasised the importance of investing in culturally safe therapeutic support services, funding independent child advocates, strengthening complaint systems and investing in support for victim-survivors over the long term. The Aboriginal and Torres Strait Islander Legal Service also highlighted the importance of a strong focus on strengthening wraparound supports for children, particularly for children that do not have strong support systems or a stable family environment. The Queensland Human Rights Commission also highlighted the need to prioritise investment in early intervention and therapeutic models and whole of system accountability.

Awareness campaigns, high-profile inquiries, and media reporting have led to increased recognition of child sexual abuse and its consequences. As such, demand for specialist sexual abuse counselling and support services has grown substantially in recent years.

The *Royal Commission into Institutional Responses to Child Sexual Abuse* (Royal Commission) made nine recommendations specifically relating to the enhancement of advocacy, support and therapeutic treatment services (Table 2). The Australian Government accepted or accepted in principle six of the nine recommendations, and noted the second recommendation about Aboriginal and Torres Strait Islander healing as they considered that it was 'a matter for state and territory governments'. It stated that the establishment and funding of a national website and helpline and the establishment of a national centre to raise awareness needed further consideration. In 2022, the Australian Government released its fifth *Annual Progress Report*, in which progress on each of the recommendations was discussed. Progress listed can be seen in Table 2.

Table 2: Royal Commission recommendations, and response and progress by the Australian Government

Recommendation	Initial response	Progress
9.1 Funding dedicated community support services for victim-survivors that are accessible, available, trauma-informed, and collaborative	Accepted	Funding of Redress Support Services to assist victim-survivors to apply for the <i>National Redress Scheme for Institutional Child Sexual Abuse</i> (National Redress Scheme).
9.2 Funding Aboriginal and Torres Strait Islander healing approaches for victim-survivors	Noted	Investment into the National Indigenous Australians Agency to help support Healing Foundation and other wellbeing services, implement a 'healing program' in Townsville, and design and assess resources for health workers.
9.3 Funding services for victim-survivors with a disability	Accepted in principle	Funding of services to assist victim-survivors in making applications to the National Redress Scheme, of which 13 per cent of those supported between 2018–19 and 2020–21 had a disability.
9.4 Establishing and funding legal advice and referral services for victim-survivors to help access records from institutions, initiate police, civil or redress processes, and give general assistance with legal processes	Accepted in principle	Establishment and funding of Knowmore Legal Service for victim-survivors, including a call centre and offices in five of the seven states and territories (including Queensland).
9.5 Establishing and funding a national website and helpline for victim-survivors to access advice and information and to provide assisted referrals to support services	For further consideration	The development of a website for the National Redress Scheme and the response to the Royal Commission, listing support services and information.
9.6 Addressing existing service gaps by increasing funding for adult and child sexual assault services	Accepted in principle	Funding of services to assist victim-survivors in making applications to the National Redress Scheme.
9.7 Primary Health Networks supporting sexual assault services to work collaboratively with Aboriginal and Torres Strait Islander, disability-specific, culturally and linguistically diverse, youth justice, aged care and child services to better meet victim-survivor needs	Accepted in principle	Implementation of the <i>National Plan to End Violence Against Women and Children 2022–2032</i> , which includes support for victim-survivors to navigate the health system.
9.8 Ensuring policy frameworks and strategies recognise the needs of victim-survivors and the benefits of trauma-informed approaches	Accepted	Development of <i>Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031</i> , of which one principle is 'trauma-informed, culturally safe and inclusive policies and actions.
9.9 Establishing and funding a national centre to raise community awareness and practitioner knowledge and competence and lead the development of better service models	For further consideration	Establishment of the National Centre for Action on Child Sexual Abuse.

The Board acknowledges the work the Australian Government has done in addressing the recommendations made by the Royal Commission around advocacy, support and therapeutic services. However, the majority of the progress reporting in the latest implementation update relates to the ongoing coordination of the National Redress Scheme.

The National Redress Scheme, which all state, territory and Australian governments have committed to, is a helpful and necessary measure to support and provide redress to victim-survivors of institutional child sexual abuse, though it is currently scheduled to end in June 2027. This is because it was envisaged by the Royal Commission that improvements made to civil litigation processes would have been enacted by governments by this time. Further, victim-survivors can only apply if:

- they were born before June 2010
- they are an Australian citizen or permanent resident
- the abuse occurred before July 2018.⁸²

This excludes a substantial proportion of the victim-survivors in the case examined by the Board, and countless other victim-survivors of institutional child sexual abuse.

The progress made by the Australian Government also misses the intent of many of the original recommendations made by the Royal Commission. For example, Recommendation 9.1 relates to the funding of support services for victim-survivors, though progress reports only refer to support services to help victim-survivors make applications to the National Redress Scheme. While this is one support, it does not help victim-survivors access therapeutic treatment services over the longer time, particularly assistance for those victim-survivors who have not experienced abuse within an institutional setting. Another example is the progress reported to have been made against Recommendation 9.3, which again discusses support services related to the National Redress Scheme, including additional services to support victim-survivors with a disability. There is no clear articulation of any other specialist sexual abuse counselling and support services for victim-survivors with a disability, including where the abuse did not happen in an institutional context.

The Australian Government recently made \$12.2 million available for the *Grants for Services Responding to Child Sexual Abuse and Children who have Displayed Harmful Sexual Behaviours*. This program is intended to support organisations over three years to reflect the increased need to respond to this cohort, and contributes to commitments under the National Strategy to Prevent and Respond to Child Sexual Abuse.⁸³ Yet, significant challenges remain:

- **Funding Constraints:** Despite increased investment, funding remains insufficient to meet demand comprehensively. Many services report waiting lists and limited capacity, particularly outside major metropolitan areas.
- **Workforce Shortages:** The specialist nature of trauma counselling necessitates highly trained clinicians, but there is a shortage of qualified professionals, especially in rural and remote locations.
- **Accessibility Barriers:** Geographic isolation, stigma, and cultural factors often impede access, disproportionately affecting Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.
- **Variable Quality:** While some providers deliver exemplary trauma-informed care, inconsistencies exist across regions and organisations, with variable adherence to best practice standards.

Queensland Government response and progress

The Queensland Government accepted all recommendations made by the Royal Commission in principle.⁸⁴ Progress on the implementation of these recommendations is highlighted across multiple annual implementation reports from between 2019 to 2022. This includes the release of *Prevent. Support. Believe. Queensland's Framework to Address Sexual Violence*, a whole-of-government action plan to address sexual violence. As of 2022, key achievements cited against this plan include reviewing the Respectful Relationships Education Program and implementing QPS sexual violence liaison officers.⁸⁵ Other actions taken to deliver this plan include:

- investment and enhanced funding to child sexual abuse support and counselling services
- increased training for doctors and nurses about child sexual abuse and an improved service response for people who have experienced sexual assault
- partnering with Aboriginal and Torres Strait Islander individuals and organisations to embed Aboriginal and Torres Strait Islander service delivery models in the health system
- ongoing participation in the National Redress Scheme
- engagement with the *Royal Commission into Violence, Abuse and Exploitation of People with a Disability*

- participation in discussions with the National Centre for Action on Child Sexual Abuse
- investment in mental health and suicide prevention initiatives for adults and children.

The progress outlined in the Queensland Government's annual progress reports is a step in the right direction and deeply necessary to support victim-survivors. Particularly, increasing capacity of existing sexual assault support services, improving knowledge of professionals in trauma-informed approaches and embedding Aboriginal and Torres Strait Islander service delivery models in the health system are integral to improving support for victim-survivors. However, there is no clear articulation in the progress made to implement some of the recommendations. In particular, engaging with the *Royal Commission into Violence, Abuse and Exploitation of People with a Disability* does not meet the intention of Recommendation 9.3, and there is no mention of specialist support or therapeutic treatment services for victim-survivors of child sexual abuse with a disability.

Women's Safety and Justice Taskforce recommendations and response

In its final reports, the Women's Safety and Justice Taskforce made multiple recommendations relating to funding sexual assault and violence services to support victim-survivors, including of child sexual abuse.⁸⁶

In response to the recommendations, the Queensland Government developed *Queensland's Plan for the Primary Prevention of Violence Against Women 2024–2028*. Included in this plan is an action to develop a strategic investment plan to review the support services delivered and funded by the Queensland Government, including services for child victim-survivors.⁸⁷

The Queensland Government through the Department of Families, Seniors, Disability Services and Child Safety (DFSDESCS), has increased funding for support services for victim-survivors aged under 18 from 2021–22 to 2025–26 to a total of \$135.34 million (Figure 2). Services include:

- sexual violence counselling (for children 12 years and over)
- children's domestic violence counselling
- youth sexual violence and abuse services, which includes
 - sexual abuse counselling for children under 18 years who have experienced sexual abuse and who are not in out of home care
 - sexual assault services for children aged 12 and over who have experienced sexual violence
 - early intervention youth counselling (for children aged 10 to 17 exhibiting harmful sexual behaviours)
 - training for professionals
 - youth connector services to facilitate connections between children and young people and counselling.

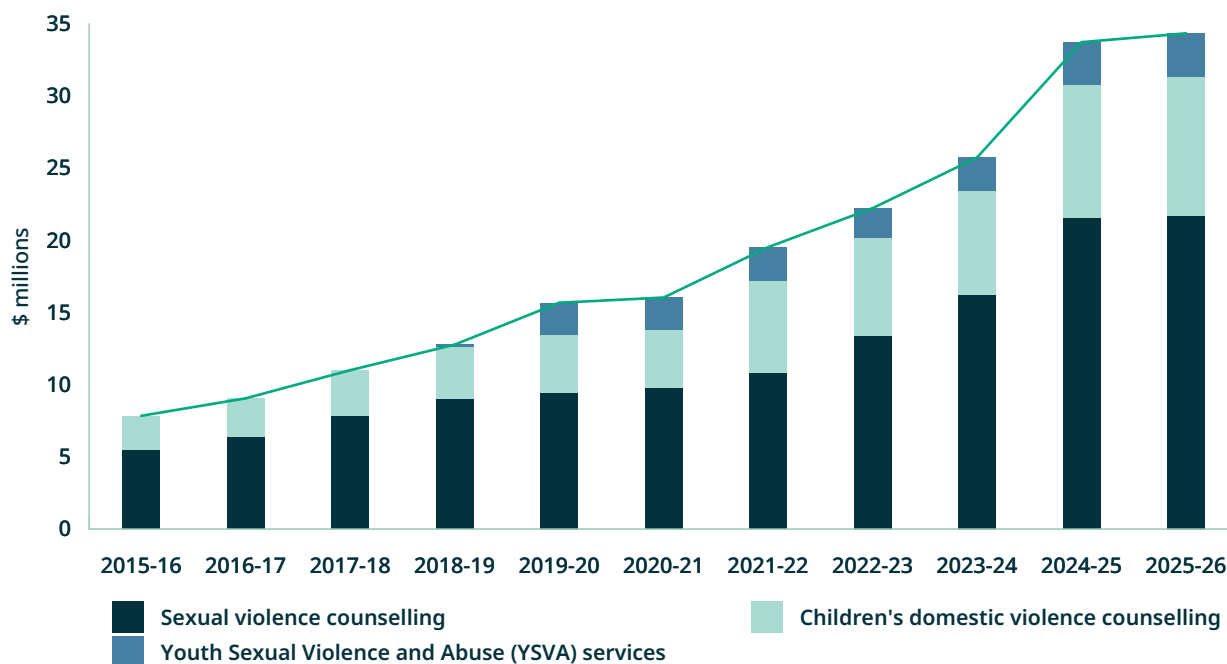
The department also funds Sexual Abuse Counselling Services for children and young people aged five years to under 18 years who are subject to child protection statutory intervention. Investment for these services in the 2025–26 financial year is \$4,815,394 per annum. These services have seen significant funding increases in the past decade, with funding now coordinated under the current Domestic, Family and Sexual Violence Investment Framework.

The DFSDESCS also funds four targeted family support services provided by non-government organisations to a total of \$2.25 million for 2025–26, providing trauma-informed sexual abuse counselling for children and personal safety education for children and parents outside of the Greater Brisbane area. These include:

- Bravehearts Gold Coast and Strathpine
- Community Support Centre Innisfail Inc
- Act for Kids Child Specialist Counselling Service (in the Cairns North and Cairns South catchment areas).

The Queensland Government recently announced funding for the Queensland Sexual Assault Network to establish a peak body to represent sexual violence support services. This entity will help to facilitate collaboration with the department, services and other entities on policy directions, innovation and sector development.

Figure 2: DFSDSCS funding for sexual violence counselling and support services, 2015–16 to 2025–26



Rising demand and service delivery challenges

While there have been some increases in funding for specialist sexual abuse counselling and support services at a state and national level, consultations undertaken as part of this Review show that this increased investment has not been sufficient to address historical funding underinvestment and increased demand for services.

A recent rapid review of prevention approaches, *Unlocking the Prevention Potential*, recommended that the Australian Government through the Australian Institute of Health and Welfare and with state and territory governments, expedite a needs analysis to determine unmet demand in domestic, family and sexual crisis response, recovery and healing (excluding police), with the view to developing a pathway to fund demand.⁸⁸ This rapid review found that services had faced chronic underfunding for decades which has created systemic problems that hinders the delivery of services and results in critical staff shortages, meaning that victim-survivors are turned away and phone calls remain unanswered.⁸⁹ It also acknowledged that 'requests for increased funding have only short-term value' and that 'before placing a dollar figure on how much is enough' a better understanding of current and future demand is required.⁹⁰

Submissions received by the Board including from Queensland Sexual Assault Network (QSAN), the representative body for sexual violence prevention and support organisations in Queensland, emphasised that further reform is necessary to improve the service system response for victim-survivors of child sexual abuse. Particularly:

- Despite the Royal Commission's recommendations, Queensland lacks a coordinated and specific strategy to respond to sexual violence against children, or adequate funding for services which exist or are proposed to help victim-survivors.
- Instances of reported and unreported child sexual abuse are expected to continue to rise, both as a result of increases in reported offending and maturing police investigatory approaches. This will have corresponding demand and resourcing pressures for an already stretched specialist sexual violence support system.
- Child sexual abuse requires a surge response model, similar to that employed in disaster relief strategies, which will enable the deployment of increased personnel and resources to provide support for victims and their families when prolific abuse cases are detected.

Opportunities to enhance support for victim-survivors of child sexual abuse within health settings have also been identified. In response to the findings of the Women's Safety and Justice Taskforce and a gap and needs analysis of forensic services to victim-survivors commissioned by Queensland Health, the *Queensland Health Sexual Assault Services Framework 2024* was developed. This framework aims to:

- improve access to timely care for victim-survivors
- increase recognition of forensic medicine and sexual assault services
- enhance capacity, capability and confidence of staff
- develop collaborative interagency communication and cooperation.

The framework highlights the need for 24/7 access to trauma-informed health support for victim-survivors across the state.

As part of the implementation of the Taskforce recommendations, and those of the Commission of Inquiry into DNA Testing in Queensland, significant issues were identified with the experience of patients who were subject to forensic medical examination in Queensland.

In response, Queensland Health has implemented a new statewide model of care for adult and child patients, which was supported by a funding allocation of \$56 million over four years from between 2024–25 to 2027–28, as part of the 2024–25 State Budget. This funding included \$12 million to support establishment of a statewide paediatric service for child sexual assault in Queensland through Children's Health Queensland Hospital and Health Service.

Initiatives implemented as part of Queensland Health's Child Sexual Abuse Service include:

- a 24-hour consultation line to provide specialist advice to healthcare staff caring for children under 14 years who have experienced sexual abuse
- the ongoing development of a statewide education pathway to build capability of healthcare professionals to respond to child sexual abuse
- the strengthening of local responses to child sexual abuse to improve knowledge sharing and service delivery between hospital and health services, in turn informing Queensland Health's Nurse Practitioner and psychosocial models of care
- the ongoing development of a Nurse Practitioner model in Brisbane to support interdisciplinary care for victim-survivors of child sexual abuse and to lead education on forensic examination procedures
- the ongoing development of a psychosocial model of care to improve support for children, ensuring it is trauma-informed and timely.

Queensland Health advised the Board that implementation of this initiative is actively progressing, and that it is committed to delivering high-quality, trauma-informed and timely care to children who have experienced sexual abuse.

Operational Recommendation 12: Improved specialist support for victim-survivors and their families

The Board has observed that Queensland's current sexual abuse counselling and support system is fragmented, constrained by inconsistent funding criteria, and inadequately resourced to meet the lifelong needs of victim-survivors and their families.

Specialist sexual abuse counselling and support services are currently provided by a patchwork of organisations, funded by multiple government departments and agencies, each with their own eligibility rules and geographic coverage. This creates significant gaps in access: for example, parents or guardians of children who experience sexual abuse have been told that they are excluded from receiving specialist support 'because they were not the victim', children in certain regions are unable to access services because they live in the 'wrong postcode', young people and adults may 'age out' of a service, and children under 12 may be 'too young' to access a service. Collectively, this results in victim-survivors of child sexual abuse and their parents struggling to find a suitable service, and unable to access support because of strict and potentially arbitrary funding specifications.

The limitations of the current system can exacerbate trauma rather than ameliorate it. Victim-survivors and families face long waiting lists, restrictive eligibility criteria, and fragmented pathways that require them to navigate multiple service providers to receive care. Importantly, the trauma from experiencing child sexual abuse does not cease when children reach adulthood; lifelong support is necessary to respond to the evolving psychological, social, and emotional needs of victim-survivors. Similarly, young people whose abuse occurred in childhood often require tailored interventions to manage the developmental challenges of adolescence in the context of past trauma.

Centralising oversight and investment in specialist sexual abuse counselling services would enable a more strategic, coordinated, and equitable system. A dedicated and sustained funding allocation would ensure that support is consistently available at key points including:

- **At point of disclosure and through court processes:** Trauma counselling for children and their parents to reduce immediate harm, promote safety, and navigate legal proceedings.
- **Support for young people:** Mental health services that respond to the specific developmental needs of teenagers who experienced abuse in childhood.
- **Support for adults who have experienced child sexual abuse:** Access to long-term therapy for adults who experienced abuse in childhood, recognising the enduring impact of trauma.

By clarifying and centralising government investment, Queensland can provide a coherent continuum of care that supports victim-survivors and families regardless of postcode, age, or relationship to the primary victim, while reducing duplication and inefficiencies inherent in the current patchwork system.

Operational Recommendation 12: Improved specialist support services for victim-survivors and their families

The Queensland Government undertake a review of its current investment in sexual abuse counselling and support services, and establish a centrally coordinated, dedicated funding allocation specifically for responding to child sexual abuse. This funding should ensure:

- Trauma counselling is available to children and parents at the point of disclosure and throughout court processes.
- Adolescent mental health support is accessible for children as they transition into adolescence.
- Adult survivors of child sexual abuse have access to ongoing therapy and support across their life-course in acknowledgement that the impact of child sexual abuse can reappear at key life events.
- Eligibility criteria and service coverage are equitable, removing postcode, age, or relational barriers that currently limit access.
- Investment is strategically coordinated across agencies to create a seamless, statewide network of trauma-informed services, replacing the current fragmented patchwork.

This approach will embed lifelong, consistent support for victim-survivors and families, and strengthen Queensland's overall child safeguarding framework.

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